

**SALINAS VALLEY RADIOLOGISTS, INC.**

A MEDICAL GROUP  
559 Abbott Street • Salinas, California 93901  
Telephone (831) 775-5200

JAMES A. KOWALSKI, M.D.  
DONALD A. CATALANO, M.D.  
GILES A. DUESDIEKER, M.D.  
MICHAEL E. BASSE, M.D.  
DAVID A. STAUNTON, M.D.  
GARY E. FALKOFF, M.D.  
RICHARD A. VILLALOBOS, M.D.

CHRIS GLENN, M.D.  
S. MISA HOSOHAMA, M.D.  
Y-LAN HO, M.D.  
BRUCE LIN, M.D.  
ROY MARTINEZ, M.D.  
F. SCOTT PERELES, M.D.

PATIENT NAME  
**THOMAS-P76095 WOODSON**

ACCOUNT NO  
**9377191**

RADIOLOGY NUMBER  
**9203925**

AT THE REQUEST OF  
**RANDY SID MD**  
**31625 HIGHWAY 101**  
**SOLEDAD, CA 93960**

DATE OF BIRTH  
**03/31/1971**

AGE/SEX  
**35/M**

DATE OF SERVICE  
**04/14/2006**

The study was performed by an outside facility and the film submitted to Salinas Valley Radiologists for interpretation.

**MRI LEFT SHOULDER WITHOUT CONTRAST**

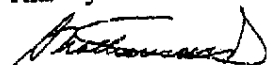
**HISTORY:** Patient is a 35-year-old-male. Evaluate for rotator cuff tear. The rest of the history is illegible.

**PROCEDURE:** 1.5T imaging in three standard planes with typical T1 and T2 techniques as deemed appropriate.

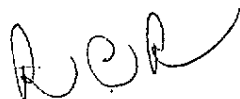
**FINDINGS:** The body and anterior portion of the acromion process appear considerably hypertrophied and disfigured. There is downward encroachment on the anterior portion of the supraspinatus tendon by this bony overgrowth. I have no x-rays with which to compare. I think that there is some congenital component here also, with anterior and lateral downsloping, but also suspect that there may have been old trauma. The supraspinatus tendon itself if not grossly torn. There is some minor increase in signal within its fibers. The muscle is normal with no retraction. The infraspinatus appears to be normal as does the subscapularis and the bicipital. The labrum anteriorly is somewhat ill-defined in its inferior part, but I cannot document any clear-cut abnormalities. There are no other findings of note.

**IMPRESSION:** Abnormal anterior acromion with downward encroachment on the supraspinatus tendon and moderate tendinopathy/tendinitis resulting. No frank tear, however.

Thank you for referring your patient to us,



Arthur M. Nathanson, MD  
AMN/pa  
4/18/06



## NOTIFICATION OF DIAGNOSTIC TEST RESULTS

Name Woodson CDC# P76095 HOUSING#Type of Test: MRI - left shoulder Date of Test: 4-14-06

YOUR TEST RESULTS HAVE BEEN EVALUATED BY A PHYSICIAN AND THE FOLLOWING HAS BEEN DETERMINED:

- ☐ Your test results are essentially within normal limits or are unchanged and no physician follow up is required.
- ☒ You are being scheduled for a follow up medical appointment. You will be receiving a ducat indicating your appointment time.
- ☐ A repeat test will be ordered. You will be ducted for this test.
- ☐ A chronic care appointment has been scheduled for you. You will be receiving a ducat indicating your appointment time.

R. Brown, F.M.D.

Name/Title

Physician's Signature

Date

4/25/06

## NOTIFICATION OF DIAGNOSTIC TEST RESULTS

Name Woodson CDC# P76095 HOUSING#Type of Test: MRI left shoulder Date of Test: 4-14-06

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R. Brown

Name/Title

Physician's Signature

Date

4/25/06

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**DATE OF BIRTH**

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**AGE/SEX**

**35/M**

**DATE OF SERVICE**

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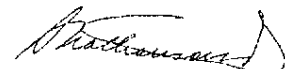
**HISTORY:** Patient is a 35-year-old-male. Evaluate for rotator cuff tear. The rest of the history is illegible.

**PROCEDURE:** 1.5T imaging in three standard planes with typical T1 and T2 techniques as deemed appropriate.

**FINDINGS:** The body and anterior portion of the acromion process appear considerably hypertrophied and disfigured. There is downward encroachment on the anterior portion of the supraspinatus tendon by this bony overgrowth. I have no x-rays with which to compare. I think that there is some congenital component here also, with anterior and lateral downsloping, but also suspect that there may have been old trauma. The supraspinatus tendon itself if not grossly torn. There is some minor increase in signal within its fibers. The muscle is normal with no retraction. The infraspinatus appears to be normal as does the subscapularis and the bicipital. The labrum anteriorly is somewhat ill-defined in its inferior part, but I cannot document any clear-cut abnormalities. There are no other findings of note.

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Thank you for referring your patient to us,



Arthur M. Nathanson, MD

AMN/pa

4/18/06

APR 21 2006



State of California		Department of Corrections		Salinas Valley State Prison		CCCMS:C Facility	
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:				All Staff, Clinicians, Treatment Teams.			
ID Information: Age: <u>35</u> Race: <u>HP Am</u> CDC Arrival: <u>2000</u> Points: <u>66</u> EPRD: <u>2015</u> DDP: <u>NCF</u>							
Date: <u>4/7/06</u>	Sleep: Good <u>Fair</u> Poor <u>off on</u>		Appetite: Good <u>Fair</u> Poor		Energy Level: Good <u>Fair</u> Poor		
Time: <u>1:37</u>	Taking Medications: Yes No <u>No Rx</u>		Intermittent Compliance		Disciplinary Problems: Yes No <u>115 Regs. staff</u>		
Location:	Medication Problem: Yes No <u>Not getting</u>		I/M requesting change:		Homicidal Ideation: None <u>noted or stated</u>		
C Clinic:	S. Issues Discussed: <u>IM seen for COT follow-up. Discussed custody related concerns &amp; frustrations w/ lockdown.</u>						
C Chapel:	Treatment Problem #1: <u>anger management</u> Progress: <u>8 incidents</u>						
C Educ:	Treatment Problem #2: <u>no substance</u> Progress: <u>8 use (IM denies)</u>						
C Hobby:	Treatment Problem #3: Progress:						
O Mental Status:							
General Appearance: <u>WNL</u> Poorly Groomed Odor Apparent Disheveled Bizarre Effeminate							
Eye Contact: <u>Appropriate</u> Averts gaze Minimal None Glaring/Intense							
Speech: <u>WNL</u> Excessive Incoherent Mute Rapid Slow Stammer Slurred Disorganized Poverty							
Behavior: <u>Cooperative</u> Evasive Guarded Menacing Withdrawn Enraged Restless Agitated Argumentative Passive Resistant							
Mood: Euthymic Dysphoric Irritable Anxious Angry Elevated Expansive Stated: <u>"frustrated"</u>							
Affect: <u>Appropriate</u> Inappropriate Flat Blunted Constricted Labile Sad Angry Anxious Elated <u>"I'm doing my best"</u>							
Thought Process: <u>WNL</u> Circumstantial Tangential Flight of Ideas Word Salad Slowed Blocking Loosening							
Thought Content: <u>WNL</u> Compulsions Obsessions Ruminations Phobias Anxieties Distortions Exaggerations							
Delusions: <u>WNL</u> Withdrawal Insertion Outside Control Paranoid Grandiose Erotic Religious							
Perceptual Disturbance: <u>Denied</u> AH VH Other:							
Suicidal Ideation: <u>Absent</u> Present No Plan Current Plan Recent Attempt Denied History <u>History of Attempt</u>							
History of Attempt: Timeframe: <u>Last x 2003</u> Methods: <u>made noose in SHU</u>							
A Assessment: <u>IM irritable w/ custody concerns, recent HS, but handling appropriately. No acute decompensation noted.</u>							
P Plan: 1. Group Assignment: <u>anger management</u> 2. Work/School Assignment: <u>on W/C</u>							
3. <u>Cont Current tx plan</u> A 2 B							
E Education of the Patient: <u>Reviewed request procedures, provided breathing relaxation materials.</u>							
Signature: <u>[Signature]</u>							
M. Williams, Ph.D., Clinical Psychologist				L. Tobin, Ph.D., Clinical Psychologist			

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES		LEVEL OF CARE:		Last Name:		First Name:	
MH 3 [October 5, 2001]		<u>CCCMS</u>		<u>Woodson</u>		<u>Thomas</u>	
Confidential Client/Patient Information See W & I Code, Section 5328				CDC #: <u>P76095</u>		DOB: <u>3/31/76</u>	



Subjective: Week 4 management appointment. Issues Discuss.

Recent Stressors: None

LM's Perception of Psychological Condition: Stable ↑ ↓

Comment: ILM reports 2 attempts to adjust to ADSE 6, none successful - remains stressed & anxious. Investigation - ILM reports he is also involved in disruption in program due to engaging in business correspondence course. ILM eager to return to program, remain opt-3 & 2.

Objective:

Medication Review:

Meds Prescribed: Yes ☒ No ☐ LM refusing psych meds

LM's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's

Disciplinary Problems: Yes ☒ No ☐ Suicidal Ideation: Yes ☒ No ☐

Mental Status: Alert & Oriented Other: Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor/Avoided Stare

Appearance: WNL (Clean/Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hypervolubility Stutter Slurred Rambling

Thought Process: WNL Tangential Worn-Slud. Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

Affect: Appropriate Inappropriate Smiling Labile Angry Anxious Sad Restricted Blunted Flat

Mood: Euthymic Elevated/Happy Angry Irritable Depressed Anxious Unconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

Presenting Attitude: Cooperative Passive Intimidated Argumentative Disengaged Resistant

Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Perceptual Disturbances: Denies Questionable AH VH Tactile

Assessment: LM's psy sx are stable / unstable and his adjustment, coping and functioning are not adequate. Explanation (if any):

Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature: P. Bonilla, Psy.D., Staff Psychologist

<b>MENTAL HEALTH</b> <b>INTERDISCIPLINARY PROCESS NOTES</b> MHE 3 [26 March 2001] Confidential Client/Patient Information See W & I Code, Section 5328	<b>LEVEL OF CARE:</b> EOP (SB) 3LM/ADSE 6	Last Name: WOODSON First Name: DOB: 776095 CDC #:
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REC'D MAY 17 2006

Time:

Comment:

1/10 verbal I.E. Stress on (armed)  
look up due to feeling he is being retrained  
shift. I/M continues to feel depressive sx,

Objective:

Medication Review:

Meds Prescribed: Yes ☒ No ☐ I/M refusing psych medsI/M's perception of effectiveness: None ☐ Partial effect ☐ Fully Effective ☐Adverse Effects: None ☒ SE's ☐Disciplinary Problems: Yes ☐ No ☒ Suicidal Ideation: Yes ☐ No ☒Mental Status: Alert & Oriented ☒ Other: Sleep: WNL ☒ Hypersomnia ☐ Insomnia ☐ Nightmares ☐Appetite: WNL ☒ Excessive ☐ Reduced ☐ Losing Weight ☐ Eye Contact: Good ☒ Fair ☐ Poor ☐ Avoided ☐ Stare ☐Appearance: WNL ☒ (Clean/Groomed) ☐ Unkempt ☐ Dirty ☐ Malodorous ☐ Long Nails ☐ Exercise: Yes ☐ No ☒Speech: Fluent ☒ Minimal ☐ Slow ☐ Hyperverbal ☐ Stutter ☐ Slurred ☐ Rambling ☐Thought Process: WNL ☒ Tangential ☐ Word Salad ☐ Slowed ☐ Blocking ☐ Loosening ☐Thought Content: WNL ☒ Compulsions ☐ Obsessions ☐ Ruminations ☐ Anxieties ☐ Distortions ☐Affect: Appropriate ☒ Inappropriate ☐ Smiling ☐ Labile ☐ Angry ☐ Anxious ☒ Sad ☐ Restricted ☐ Blunted ☐ Flat ☐Mood: Euthymic ☒ Elevated/Happy ☐ Angry ☐ Irritable ☐ Depressed ☐ Anxious ☐ Unconcerned ☐Behavior: Relaxed ☒ Withdrawn ☐ Guarded ☐ Stiff ☐ Restless ☐ Playful ☐ Rocking ☐ Fidgety ☐Shaky/Tremors ☐ Seductive ☐ Suspicious ☐Presenting Attitude: Cooperative ☒ Passive ☐ Intimidated ☐ Argumentative ☐ Disengaged ☐ Resistant ☐Delusions: Absent ☒ Questionable ☐ Paranoid ☐ Grandiose ☐ Erotic ☐ Religious ☐ Somatic ☐Perceptual Disturbances: Denies ☒ Questionable ☐ AH ☐ VH ☐ Tactile ☐

Assessment: I/M's psy sx are ☒ stable ☐ unstable and his adjustment, coping and functioning ☒ are ☐ are not  
adequate. Explanation (if any):

Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature:

P. Bonilla, Psy.D., Staff Psychologist

MENTAL HEALTH  
INTERDISCIPLINARY PROCESS NOTES

ME 3 [26 March 2007]

Confidential Client/Patient Information  
See W & I Code, Section 5328

LEVEL OF  
CARE:

ROP (SR)

301.5/ADSG

Last Name:

First Name:

DOB:

CDC #:

WOODSON

P 76095

REC'D MAY 15 2006



4/20/06  
Time:

Subjective: W/ADSE Case Management Appointment  
Recent Str: None  
I/M's Perception of Psychological Condition: Stable  
Comment:

I/M new arrival to ADSEG for investigation into staff misconduct. I/M able to provide F, level, & dev. hx.

**Objective:**

**Medication Review:**

Meds Prescribed: Yes ☒ No ☐ I/M refusing psych meds  
I/M's perception of effectiveness: None Partial effect Fully Effective  
Adverse Effects: None SE's *NA*

Disciplinary Problems: Yes ☒ No ☐ Suicidal Ideation: Yes ☒ No ☐

Mental Status: Alert & Oriented Other: Sleep: *WNL* Hypersomnia Insomnia Nightmares  
Appetite: *WNL* Excessive Reduced Losing Weight Eye Contact: *Good* Fair Poor/ Avoided Stare  
Appearance: *WNL* (Clean/Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No  
Speech: *WNL* Fluent Minimal Slow Hypervolubility Stutter Slurred Rambling  
Thought Process: *WNL* Tangential Word Salad Slowed Blocking Loosening  
Thought Content: *WNL* Compulsions Obsessions Ruminations Anxieties Distortions  
Affect: Appropriate Inappropriate Smiling Labile Angry Anxious Sad Restricted Blunted Flat  
Mood: *Euphoric* Elevated/Happy Angry Irritable Depressed Anxious Unconcerned  
Behavior: *Relaxed* Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety  
Shaky/Tremors Seductive Suspicious  
Presenting Attitude: Cooperative Passive Intimidated Argumentative Disengaged Resistant  
Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic  
Perceptual Disturbances: *Denies* Questionable AH VH Tactile

Assessment: I/M's psy sx are *stable* / unstable .. and his adjustment, coping and functioning *are* are not adequate. Explanation (if any):

Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature: *[Signature]* P. Bonilla, Psy.D., Staff Psychologist

<p><b>MENTAL HEALTH</b> <b>INTERDISCIPLINARY PROCESS NOTES</b> MEE3 [26 March 2001] Confidential Client/Patient Information See W &amp; I Code, Section 5328</p>	<p><b>LEVEL OF CARE:</b> <i>ED (SR)</i> <i>3015/ADSEG</i></p>	<p>Last Name: <i>WOODSON</i> First Name: <i>WOODSON</i> DOB: <i>P76095</i> CDC #:</p>
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Subjective: Management appointment. Issues Discu

Recent Stressors: None

I/M's Perception of Psychological Condition: Stable

Comment:

I/M reports he continues to have difficulty adjusting to AD SEG. I/M reports he continues to feel depressed due to feeling he

Objective:

Medication Review:

Meds Prescribed: Yes No I/M refusing psych meds

I/M's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's

Disciplinary Problems: Yes No Suicidal Ideation: Yes None

Mental Status: Alert & Oriented Other: Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor/Avoided Stare

Appearance: WNL (Clean/Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hyperverbal Stutter Slurred Rambling

Thought Process: WNL Tangential Word Salad Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

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Mood: Euthymic Elevated/Happy Angry Irritable Depressed Anxious Unconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

Presenting Attitude: Cooperative Passive Intimidatin Argumentative Disengaged Resistant

Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Perceptual Disturbances: Delus Questionable AH VH Tactile

Assessment: I/M's psy sx are stable/unstable and his adjustment, coping and functioning are/are not adequate. Explanation (if any):

Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature:

P. Bonilla, Psy.D., Staff Psychologist

MENTAL HEALTH  
INTERDISCIPLINARY PROCESS NOTES

ME 3 (26 March 2001)

Confidential Client/Patient Information  
See W & I Code, Section 5328

LEVEL OF  
CARE:

ECF

30145/AD SEG

Last Name:

First Name:

DOB:

CDC #:

WOODSON  
P76095

REC'D MAY 31 2006



State of California		Department of Corrections		Salinas Valley State Prison All Staff, Clinicians	
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES					
Date:  6/5/06  Time:	<b>Location:</b> Out of Cell Cell Front: <b>CF Reason:</b> Refusal f/u; Lockdown <b>Subjective:</b> Weekly case management appointment. Issues Discussed: Recent Stressors: None I/M's Perception of Psychological Condition: Stable ↑ ↓ Comment: I/M reports he continues to be frustrated & not being released for ADSE6 investigation nearly completed, I/M eager to				
	<b>Objective:</b> return to yard or be put up for <b>Medication Review:</b> transfer. Processed in I/M Prison Meds Prescribed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> I/M refusing psych meds I/M's perception of effectiveness: None Partial effect Fully Effective Adverse Effects: None SE's <b>Disciplinary Problems:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Suicidal Ideation:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Mental Status:</b> Alert & Oriented Other: Sleep WNL Hypersomnia Insomnia Nightmares <b>Appetite:</b> WNL Excessive Reduced Losing Weight <b>Eye Contact:</b> Good Fair Poor / Avoided Stare <b>Appearance:</b> WNL (Clean/Groomed) Unkempt Dirty Malodorous Long Nails <b>Exercise:</b> Yes No <b>Speech:</b> Fluent Minimal Slow Hypervocal Stutter Slurred Rambling <b>Thought Process:</b> WNL Tangential Word Salad Slowed Blocking Loosening <b>Thought Content:</b> WNL Compulsions Obsessions Ruminations Anxieties Distortions <b>Affect:</b> Appropriate Inappropriate Smiling Labile Angry Anxious Sad Restricted Blunted Flat <b>Mood:</b> Euthymic Elevated/Happy Angry Irritable Depressed Anxious Unconcerned <b>Behavior:</b> Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Shaky/Tremors Seductive Suspicious <b>Presenting Attitude:</b> Cooperative Passive Intimidating Argumentative Disengaged Resistant <b>Delusions:</b> Absent Questionable Paranoid Grandiose Erotic Religious Somatic <b>Perceptual Disturbances:</b> Denies Questionable AH VH Tactile <b>Assessment:</b> I/M's psy/sx are stable / unstable ; and his adjustment, coping and functioning are / are not adequate. Explanation (if any): <b>Plan/Education:</b> Proceed as per current tx plan in place. Continue 1:1 CM contacts <b>Signature:</b> <i>[Signature]</i> P. Bonilla, Psy.D., Staff Psychologist				
<b>MENTAL HEALTH</b> <b>INTERDISCIPLINARY PROGRESS NOTES</b> MH 3 [26 March 2001] Confidential Client/Patient Information See W & I Code, Section 5328		<b>LEVEL OF CARE:</b> ADSEG /3CMS		Last Name: <i>WOODSON</i> First Name: <i>P76095</i> DOB: CDC#:	

REC'D JUL 27 2006



State of California, Department of Corrections -- Institution: \_\_\_\_\_

Prior Page Number: \_\_\_\_\_

**CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:** All Staff, Clinicians, Treatment Teams.

Date/Time	ICC Review/Mental Health Inmates	LOC:	CCCMS	EOP	MHCB	DMH
7/20/06	<b>Mental Health Treatment Review:</b>		<b>Date Placed In AdSeg:</b> 4/11/06			
	Aware of Diagnosis/Symptoms?		yes			
	Aware of Treatment Plan?		staff misconduct			
	Aware of Medication:		Not on meds			
	Receiving prescribed meds regularly:		Yes No			
	Attending scheduled CM interviews:		Yes No If not, Why?			
	<b>New Mental Health Problems</b>					
	<b>Out of Cell Interview:</b>		Offered	Requested	Declined	Clinically Indicated: Yes No
	<b>Adjustment to AdSeg environment:</b>					
	fair					
	<b>Mental Status Exam</b>					
	Hallucinations					
	Delusions					
	Suicidal Ideation/Impulses/Intent					
	Mood/Affect					
	Is the inmate's mental illness of such severity to impair his ability to comprehend the ICC Proceedings sufficiently to require the assignment of a staff assistant?					
	Yes No Determination already made I/M's EOP level of care in MHSOS staff assistant required					
	Was I/M released from AdSeg? Yes No Yard released to:					
	S. Torres, Psy.D., Staff Psychologist, CI					

MENTAL HEALTH	LEVEL OF CARE	LAST NAME
INTERDISCIPLINARY PROGRESS NOTES	ADSEG	FIRST NAME
MHCB 15/26/0011	ICC	CDC
Confidential Client/Patient Information See W.P. II Code, Section 5328	CCCMS	DOB

REC'D JUL 31 2006



State of California

Department of Corrections

Salinas Valley State Prison

ADSEG Program:

## CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians

Date: 8/14/06 Out of Cell Cell Front Cell: D2-127

S: Reports that he will continue to be assertive but feels paranoid about current situation. Discussed having not received 1286 yet. Discussed interview w/ Mr. Medina. Discussed changes in AdSeg - slight but noticeable. Discussed how AdSeg o: may have caused "more damage." Concerned about 115 A: p: PROEN - suspect. Sleep + appetite WNL. Denied

Date Placed in AdSeg:

Reason For AdSeg Placement:

Taking Medication: Yes/No (No Rx)

Suicidal: None Ideation/Intent/Plan/Mean

Mental Status: Orientation X3 Delirium Sleep: WNL Hypersomnia Insomnia:

Appetite: WNL Excessive Reduced Appetite Losing weight Eye Contact: Good Fair Variable Poor: Avoided Stared

Appearance: Clear Groomed Meticulous Shaven Trimmed Beard Unkempt Dirty Malodorous Long Nails Exercise: Y/N

Speech: Fluent Quiet Minimal Slow Stilted/Stiff Hypervocal Stutter Slurred Clanging Rambling Word Salad Perseveration

Affect: Appropriate Labile Angry Anxious Sad Smiling Blunt Restricted Flat

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Tremors/Shaky Seductive

Mood: Euthymic Elevated/Happy Dysphoric Angry Irritable Depressed Anxious Unconcerned Expansive

Presenting Attitude: Cooperative Passive Disengaged Resistant Suspicious Intimidating Argumentative Evasive

Delusions: Fixed Fluid Absent Questionable Perceptual Disturbance: Denies Auditory Visual Tactile Questionable

P/E: Weekly in contact - still d 1286 of 7/20/06  
 S. Gomez, Psy.D.  
 2 - TLC to chaplain Moon re: telephone to family

Signature: S. Gomez, Psy.D., Staff Psychologist, CF

MENTAL HEALTH  
INTERDISCIPLINARY PROGRESS NOTES

MH 3 [Rev. 9/4/01]

Confidential Client/Patient Information  
See W & I Code, Section 5328LEVEL OF  
CARE:ADSEG  
CCCMS

Last Name:

First:

WOODSON, THOMAS

CDC # P76095

DOB: 3/31/71

RECD SEP 08 2006



State of California

Department of Corrections

Salinas Valley State Prison

ADSEG Program:

## CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians

Date: 7/20/06 Out of Cell Cell Front Cell: D2-127

S: Reports he is angry about JCC action. Received letter from family that grandmother passed away. Wants a phone call to family. Saw J last week - refused to take meds. Reports O: Sleep for 2 days - drinking coffee A: for 2 dys. & sleep as a result.

Date Placed in AdSeg:

Reason For AdSeg Placement:

Taking Medication: Yes/No (No Rx)

Suicidal: None Ideation/Intent/Plan/Means

Mental Status: Orientation X3 Delirius Sleep: WNL Hypersomnia Insomnia

Appetite: WNL Excessive Reduced Appetite Losing weight Eye Contact: Good Fair Variable Poor: Avoided Stared

Appearance: Clean Groomed Meticulous Shaven Trimmed Beard Unkempt Dirty Malodorous Long Nails Exercise: Y/N

Speech: Fluent Quiet Minimal Slow Stilted/Stiff Hypervolubility Stutter Slurred Clanging Rambling Word Salad Perseveration

Affect: Appropriate Labile Angry Anxious Sad Smiling Blunt Restricted Flat

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Tremors/Shaky Seductive

Mood: Euthymic Elevated/Happy Dysphoric Angry Irritable Depressed Anxious Unconcerned Expansive

Presenting Attitude: Cooperative Passive Disengaged Resistant Suspicious Intimidating Argumentative Evasive

Delusions: Fixed Fluid Absent Questionable Perceptual Disturbance: Denies Auditory Visual Tactile Questionable

P/E:

weekly in contact - TLC to Chaplin  
MOON

Signature: S. Torrez, Psy.D., Staff Psychologist, CF

MENTAL HEALTH  
INTERDISCIPLINARY PROGRESS NOTES

MH 3 [Rev. 9/4/01]

Confidential Client/Patient Information  
See W & I Code, Section 5328LEVEL OF  
CARE:ADSEG  
CCCMS

Last Name:

First:

WOODSON, THOMAS

CDC # P76095

DOB: 3/31/71

REC'D JUL 31 2006